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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(For use with Form PTO/SB/06)

Application Number

Filing Date

6/2/98

Applicant(s)

Jay M. SHORT

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	NA				1						
2	1	N/O				1					
3	2		16S			1					
4	1	E/O				1					
5	4		16S			1					
6	1	R/O				1					
7	1	O/N				1					
8	7		6+C			1					
9	1	O/E				1					
10	9		6+C			1					
11	1	O/R				1					
12	1	N/N				1					
13	12		.			1					
14	12		.			1					
15	1	N/E				1					
16	15		.			1					
17	15		.			1					
18	1	N/R				1					
19	18		16S			1					
20	1	E/N				1					
21	20		.			1					
22	20		.			1					
23	1	E/E				1					
24	23		.			1					
25	23		.			1					
26	1	E/R				1					
27	26		16S			1					
28	1	R/N				1					
29	28		6+C			1					
30	1	R/E				1					
31	30		6+C			1					
32	1-31	Gen				31					
33	1-31	Clust				31					
34	1-31	CDNA				31					
35	1	N.A.	1st Gen			1					
36	1	Gen	1st Gen			1					
37	1	Clust	1st Gen			1					
38	1	CDNA	1st Gen			1					
39	118	NA				1					
40	39	Gen				1					
41	39	Clust				1					
42	39	CDNA				1					
43											
44											
45											
46											
47											
48											
49											
50											
Total Indep	2										
Total Depend	134										
Total Claims	136										
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
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64											
65											
66											
67											
68											
69	N/O										
70											
71	E/O										
72											
73											
74	R/O										
75											
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92											
93											
94											
95											
96											
97											
98											
99											
100											
Total Indep											
Total Depend											
Total Claims											

NA = Nucleic Acid
 Gen = Genomic DNA
 Clust = Genomic Gene Cluster DNA
 CDNA

WRT
 Organism
 Marker

WRT
 NA
 Marker

Normalize / 0

Selectively / 0

Enrich

Repeat
 (i.e. use
 2 or more
 markers)

$$136 - 20 =$$

$$\begin{array}{r} 116 \\ \times 11 \\ \hline 116 \\ 116 \\ \hline 1276 \\ 395 \\ 135 \\ \hline 1806 \end{array}$$

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/089789

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
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31		/				
32		31				
33		31				
34		31				
35		/				
36		/				
37		/				
38		/				
39	/	/				
40		/				
41		/				
42		/				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	130					
TOTAL CLAIMS	132					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS